


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90190 041 ***150.00

DOCUMENT # 582277 1. Entity Name CAPITAL ASSURANCE COMPANY, INC.					
Principal Place of Business 2333 PONCE DE LEON BLVD #300 CORAL GABLES, FL 33134			Mailing Address P.O. BOX 149061 CORAL GABLES, FL 33114-9061 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARSHALL, JOHN D				Name	
2333 PONCE DE LEON BLVD. #300				Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLE, FL 33134					
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD BERTH MAAS 2333 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33114	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D Jorma Poyhonen 2333 Ponce de Leon Blvd. Suite 300 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSDV RODRIGUEZ, MARTHA 2333 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ricard Wennerklint 2333 Ponce de Leon Blvd. Suite 300 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARSHALL, JOHN D 2333 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, NANCY P. 2333 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGENSTJERNA, JOHAN 2333 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, MERCEDES 2333 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			4/19/06 (305) 461-7400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone # EXT. 7301		
Martha Rodriguez					